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**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**

Date: .....

**PPF EMPLOYEE REGISTRATION FORM(Annexure-2)**

<b>Organization Name</b>	
<b>Name of Employee</b>	
<b>Date of Birth (dd/mm/yyyy)</b>	
<b>Sex</b>	* Male                      * Female                      * Others
<b>Nationality</b>	
<b>CID. No/Work permit no.</b>	
<b>Designation</b>	
<b>Contact No.</b>	
<b>Email ID</b>	
<b>Present Address</b>	
<b>Service Joining Date (dd/mm/yyyy)</b>	
<b>PPF Joining Scheme Date (dd/mm/yyyy)</b>	
<b>Contribution Percentage</b>	<b>Employer</b> <b>Employee</b>
<b>Basic Pay</b>	
<b>Contribution Amount</b>	<b>Employer</b> <b>Employee</b>
<b>Total Contribution</b>	

I hereby certify that the aforementioned information given herein is true, correct, and complete to the best of my knowledge and belief.

**Signature of Employee**



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**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**

**TO BE FILLED BY THE EMPLOYER**

This is to certify that the information hereby furnished in respect of Mr./Mrs..... is complete and verified from the service record maintained in this office. This information may be used by the RICB.

**Signature of Employer**

**Office Seal:**

**Name:**

**Designation:**

**Note: Please enclose copy of valid Citizenship ID card/Work permit/Driving License/Passport.**

FOR RICB USE	
Branch Name	Application Received Date
Received By	Employee Name
	Employee ID